



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 094400001

CITY OR TOWN OXFORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: OXFORD POST #5663 V.F.W. OF U.S. INC.

DOING BUSINESS AS

ADDRESS 20 FEDERAL HILL ROAD

CITY/TOWN: OXFORD

STATE: MA

ZIP CODE: 01540

MANAGER: OTOOLE, EDWAR TYPE OF LICENSE: Veterans club CATEGORY: All Alcohol
D M.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY CEMENT BLOCK BLDG WITH FIVE ENTRANCES AND EXITS. BLDG
CONTAINS TWO BARS, FOUR RESTROOMS, KITCHEN, COAT ROOMS, BOILER ROOM,
STORAGE ROOM AND BANQUET HALL

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 094400002

CITY OR TOWN OXFORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NEP INC.

DOING BUSINESS AS ROUTE 56 ROADSIDE BAR & GRILL

ADDRESS 24 LEICESTER ST.

CITY/TOWN: OXFORD

STATE: MA

ZIP CODE: 01537

MANAGER: NOEL, DAVID E.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

BUSINESS LOCATED IN A ONE-STORY BLDG. WITH 3/4 BASEMENT AT 24 LEICESTER ST. NO. OXFORD, CONSISTING OF A RM WITH TWO BARS, AN OUTDOOR DECK AREA WHICH HAS AREA. ALSO HAS A KITCHEN AREA, RESTROOMS FOR MEN AND WOMEN; ONE SIDE AND TWO BACK ENTRANCES/EXITS. THE BASEMENT IS USED FOR STORAGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

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DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 094400005

CITY OR TOWN OXFORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MKT INVESTMENTS, INC.

DOING BUSINESS AS HAPPY GARDEN RESTAURANT

ADDRESS 211 MAIN ST.

CITY/TOWN: OXFORD

STATE: MA

ZIP CODE: 01540

MANAGER: NG, KENNETH

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY CEMENT BLOCK BLDG. ON THE WESTERLY SIDE OF MAIN STREET,
CONTAINING A DINING ROOM, KITCHEN, RESTROOMS, STORAGE ROOMS, COOLER-
FREEZER AND LOUNGE. BLDG. HAS ONE MAIN ENTRANCE AND THREE EMERGENCY
EXITS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 094400006

CITY OR TOWN OXFORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: VETERAN'S COUNCIL, INC.

DOING BUSINESS AS AMERICAN LEGION POST #58

ADDRESS 227 MAIN ST.

CITY/TOWN: OXFORD

STATE: MA

ZIP CODE: 01540

MANAGER: BRUNELL, PAUL TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY WOODEN BLDG WITH ADJACENT TWO STORY CEMENT BLOCK BLDG,
UPPER FLOOR CONSISTS OF MEETING AND BANQUET ROOMS. BASEMENT CONSISTS OF
A BAR, MEETING ROOM AND STORAGE ROOM

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 094400007

CITY OR TOWN OXFORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DAYS END TAVERN INC.

DOING BUSINESS AS DAYS END TAVERN

ADDRESS 287 MAIN ST.

CITY/TOWN: OXFORD

STATE: MA

ZIP CODE: 01540

MANAGER: HERSOM,
RICHARD S.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY WOODEN BUILDING LOCATED ON THE EASTERLY SIDE MAIN STREET,
OXFORD, MA, CONTAINING TWO ROOMS WITH BAR AREAS ON BOTH THE FIRST AND
SECOND FLOORS. CELLAR IS USED FOR STORAGE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

(If disapproved explain)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 094400009

CITY OR TOWN OXFORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: Cranska, Inc

DOING BUSINESS AS OXFORD TAVERN

ADDRESS 314 MAIN ST.

CITY/TOWN: OXFORD

STATE: MA

ZIP CODE: 01540

MANAGER: Gallant, Susan

TYPE OF LICENSE: General on
premise

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY BUILDING LOCATED ON THE EASTERLY SIDE OF MA IN STREET,
CONTAINING TWO ROOMS ON THE FIRST FLOOR, RESTROOMS, AND FRONT AND REAR
ACCESS. CELLAR IS USED FOR STORAGE.

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 094400010

CITY OR TOWN OXFORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PINE RIDGE COUNTRY CLUB, LLC

DOING BUSINESS AS PINE RIDGE COUNTRY CLUB

ADDRESS 28 PLEASANT ST.

CITY/TOWN: OXFORD

STATE: MA

ZIP CODE: 01537

MANAGER: DUQUETTE, KENN TYPE OF LICENSE: Restaurant
ETH M.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

BLDG OF CEMENT AND FRAME CONSISTING OF BANQUET ROOM, BAR AREA AND
ADJOINING PATIO. CELLAR CONTAINS LOCKERS AND SHOWER ROOMS. AB TO BE
SERVED ON BOTH FLOORS

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 094400011

CITY OR TOWN OXFORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PERIWINKLE'S PUB & RESTAURANT INC.

DOING BUSINESS AS J. ANTHONY'S ITALIAN GRILL

ADDRESS RTE. 20 & 12

CITY/TOWN: OXFORD

STATE: MA

ZIP CODE: 01537

MANAGER: VILLATICO, GINA TYPE OF LICENSE: Restaurant
L

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 1/2 STORY WOODEN BLDG. RESTAURANT, FIRST FLOOR FOR RESTAURANT SECOND
FLOOR, ADDITION OF A PATIO OF 33' X 40' ENCLOSED GROUND LEVEL SEASONAL BAR.

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 094400014

CITY OR TOWN OXFORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CAPRICORN CORP.

DOING BUSINESS AS WHISTLE STOP BAR & GRILL

ADDRESS 85 MAIN STREET

CITY/TOWN: OXFORD

STATE: MA

ZIP CODE: 01540

MANAGER: BETLEY, TINA
MAZZA

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY WOOD FRAME BLDG., CONTAINING ONE LARGE RM., KITCHEN, BAR,
STORAGE ROOM AND RESTROOMS. BUILDING HAS FRONT AND REAR ENTRANCE/EXITS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 094400015

CITY OR TOWN OXFORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: OXCO, INC.

DOING BUSINESS A CENTERFOLDS 2000

ADDRESS SOUTHBRIDGE RD.

CITY/TOWN: OXFORD

STATE: MA

ZIP CODE: 01537

MANAGER: KHALEDI,
FARHAD

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

BLDG. CONSISTS OF BASEMENT WITH DRESSING RM, SHOWER AND RESTROOM, 3 OFFICES, UTILITY ROOM, STORAGE ROOM FOR LIQUOR & ADDITIONAL STORAGE AREA; 2 STAINWALLS & ONE EMERGENCY EXIT. FIRST FLOOR HAS KITCHEN AREA, RESTROOMS, 2 LOUNGES, BARS AND STAGES WITH 3 MEANS OF EGRESS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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SIGNED BY

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 094400017

CITY OR TOWN OXFORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SINGLETARY ROD & GUN CLUB, INC.

DOING BUSINESS AS

ADDRESS 300 SUTTON AVENUE

CITY/TOWN: OXFORD

STATE: MA

ZIP CODE: 01540

MANAGER: SCHROEDER,
STEVEN C.

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

WOODEN BLDG. UPPER FLOOR CONSISTS OF MAIN ASSEMBLY ROOM TO BE USED FOR BANQUETS, MEETINGS AND OCCASIONAL DANCES. THE REMAINDER OF THE ROOM CONSISTS OF BAR, TOILET FACILITIES AND KITCHEN. LOWER FLOOR CONSISTS OF BAR WITH BOILER AND STORAGE ROOM

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

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DISAPPROVED: ☐

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 094400019

CITY OR TOWN OXFORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SCOTCH AND SOFA, LLC

DOING BUSINESS AS OXFORD PACKAGE STORE

ADDRESS 331 MAIN ST

CITY/TOWN: OXFORD

STATE: MA

ZIP CODE: 01540

MANAGER:

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE ROOM WITH STORAGE SPACE IN A TWO STORY WOODEN BLDG. CELLAR USED FOR STORAGE. ENTRANCE ON SIDE AND FRONT OF BLDG

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 094400023

CITY OR TOWN OXFORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ENT, INC

DOING BUSINESS AS OXFORD SHELL

ADDRESS 138 SOUTHBRIDGE ST

CITY/TOWN: OXFORD

STATE: MA

ZIP CODE: 01537

MANAGER: EL-NEMR, TONY

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY STEEL STRUCTURE HOUSING A CONVENIENCE STORE/GAS STATION

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 094400024

CITY OR TOWN OXFORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LOWN & ISUFI, INC.

DOING BUSINESS AS HOMETOWN WINE & LIQUORS

ADDRESS 2 FAIRLAWN AVE

CITY/TOWN: OXFORD

STATE: MA

ZIP CODE: 01540

MANAGER: LOWN, JEFFREY L TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CORNER OF MAIN ST AND FAIRLAWN AVE. ENTRANCE IS ON FAIRLAWN AND EXIT IS IN REAR OF BLDG. FOURTEEN FEET OF SPACE HAS BEEN ADDED FOR SALES AND STORAGE. CELLAR USED FOR STORAGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 094400030

CITY OR TOWN OXFORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RANDAL CONVENIENCE, INC.

DOING BUSINESS AS SOUTHSIDE CONVENIENCE STORE

ADDRESS 182 MAIN STREET

CITY/TOWN: OXFORD

STATE: MA

ZIP CODE: 01540

MANAGER: PATEL,
PRAVINLAL B.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY WOODEN BUILDING CONTAINING A RETAIL AREA, STORAGE ROOM AND
EMPLOYEE RESTROOM.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

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239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 094400032

CITY OR TOWN OXFORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MAKRO ENTERPRISES, INC

DOING BUSINESS AS NEW ENGLAND PIZZA

ADDRESS 313 MAIN ST

CITY/TOWN: OXFORD

STATE: MA

ZIP CODE: 01540

MANAGER: MAKRODIMITRAS TYPE OF LICENSE: Restaurant
, ANASTASIOS F.

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

A UNIT IN A STRIP MALL (BRICK & CONCRETE STRUCTURE CONSISTING OF 1 FLR
APPROX 40X20; DIVIDED BETWEEN THE DINING AREA & THE FOOD STORAGE/PREP/
KITCHEN AREAS. MAX SEATING; 48 PER INSPECTOR. AREA IN THE REAR OF UNIT FOR
ACCESS TO EMERGENCY EXIT, 1 FRONT ENT/EXT. 2 BATHROOMS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 094400033

CITY OR TOWN OXFORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JOE'S DINER INC.

DOING BUSINESS AS OXFORDS CASUAL DINING

ADDRESS 2 MILLBURY BOULEVARD

CITY/TOWN: OXFORD

STATE: MA

ZIP CODE: 01540

MANAGER: DADAH, KRISTIN TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY WOOD STRUCTURE IN MINI MALL W/ KITCHEN, DINING AREA, SERVICE BAR, WAITING AREA, RESTROOMS, MAIN ENTRANCE AND 3 EMERGENCY EXITS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 094400036

CITY OR TOWN OXFORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: KIEU LAM NGUYEN

DOING BUSINESS AS

ADDRESS 732 MAIN STREET

CITY/TOWN: OXFORD

STATE: MA

ZIP CODE: 01540

MANAGER: NGUYEN, KIEU
LAM

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

A UNIT (20X70) IN A STRIP MALL CONSISTING OF ONE FLOOR LOCATED ON THE
EASTERLY SIDE OF RT. 12 IN NORTH OXFORD. BEER WILL BE HELD IN 7-8 DOUBLE DOOR
COOLERS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 094400037

CITY OR TOWN OXFORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HONEY FARMS INC.

DOING BUSINESS AS

ADDRESS 24 SUTTON AVE.

CITY/TOWN: OXFORD

STATE: MA

ZIP CODE: 01540

MANAGER: SMITH, JENNIFER TYPE OF LICENSE: Package Store CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BUILDING (4000 SQ. FT.) WITH ONE ENTRANCE/EXIT LOCATED IN THE FRONT AND AN ADDITIONAL EXIT IN THE REAR. THERE IS A 13-DOOR WALK IN COOLER ALONG THE REAR WALL AND A 4-DOOR FREEZER

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 094400038

CITY OR TOWN OXFORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DAIRY EXPRESS INC.

DOING BUSINESS AS DAIRY EXPRESS

ADDRESS 2 SUTTON AVENUE

CITY/TOWN: OXFORD

STATE: MA

ZIP CODE: 01540

MANAGER: BARAKLILIS,
IOANNIS

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THE FIRST FLOOR OF A TWO STORY BUILDING LOCATED ON THE CORNER OF SUTTON AVE. & MAIN STREET (RT. 12), WITH THE MAIN ENTRANCES LOCATED OFF SUTTON AVE. THE BUSINESS PORTION OF THE BUILDING, WHICH IS LOCATED ON THE FIRST FLOOR, CONSISTS OF ONE LARGE RM. CONTAINING BOOTHS, TABLES, COUNTERS,

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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Alcoholic Beverages Control Commission
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www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 094400039

CITY OR TOWN OXFORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: AQSA FOOD, INC.

DOING BUSINESS AS

ADDRESS 233 MAIN ST

CITY/TOWN: OXFORD

STATE: MA

ZIP CODE: 01540

MANAGER: AYUB, SYED A.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1800 SQ. FT. CONVENIENCE STORE WITH ONE FREE STANDING REFRIGERATION UNIT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 094400041

CITY OR TOWN OXFORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RAJESH PATEL

DOING BUSINESS AS SUN BEER & WINE

ADDRESS 161 SOUTHBRIDGE ROAD

CITY/TOWN: OXFORD

STATE: MA

ZIP CODE: 01540

MANAGER: PATEL, RAJESH

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

A STRIP MALL WITH ONE FRONT ENTRANCE, ONE BACK DOOR AND A HANDICAPPED BATHROOM.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 094400042

CITY OR TOWN OXFORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ASHLEY M. PLASSE

DOING BUSINESS AS RT.12 VARIETY

ADDRESS 126 MAIN STREET

CITY/TOWN: OXFORD

STATE: MA

ZIP CODE: 01540

MANAGER: PLASSE, ASHLEY
MARIE

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THE BUILDING IS ABOUT 20 FT. LARGE AND A WALK-IN COOLER OFF THE REAR. ONE
FRONT ENTRANCE AND 10 X 10 STORAGE ROOM ALSO OFF THE REAR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 094400043

CITY OR TOWN OXFORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE ORIGINAL CLAM BOX OF AUBURN INC.

DOING BUSINESS AS THE CLAM BOX

ADDRESS 916 SOUTHBRIDGE STREET

CITY/TOWN: OXFORD

STATE: MA

ZIP CODE: 01540

MANAGER: SAAD, DANIEL E. TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY CINDER BLOCK STRUCTURE(WITH EXCEPTION OF AN OFFICE AREA LOCATED ON A 2ND FLOOR); NO BASEMENT..ENTRANCE/EXIT IS LOCATED IN SOUTHWEST CORNER OF BUILDING; EXIT ONLY LOCATED ON EASTERN SIDE OF BUILDING' PUBLIC AREA..1040 SQ FT; FOOD PREP AREA IS APPROX 600 SQ FT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE: